24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)				
United We Can	FEC IDENTIFICATION NUMBER ▼			
	C C00523621			
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Ardleigh Group	M M / D D / Y Y Y Y Y			
Mailing Address PO Box 12182	09 20 2016 Amount			
City State Zip Code	130000.00			
Washington DC 20006	Transaction ID : D367190			
Purpose of Expenditure	Date of Disbursement or Obligation			
Canvassing Services Category/ Type O01	09 20 2016			
Name of Federal Candidate Support Office	Sought: House District:			
HILLARY RODHAM CLINTON Oppose	President Senate State:			
Calendar Year-To-Date Disbu	ursement For: Primary X General			
Per Election for Office Sought 6911045.06 2016	Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
Ardleigh Group	09			
Mailing Address PO Box 12182	09 20 2010			
0 1 0 BOX 12102	Amount			
City State Zip Code	195000.00			
	Transaction ID : D367191			
	Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing Services Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Type Type	20 2010			
Name of Federal Candidate Support Office	e Sought: House District:			
DONALD J TRUMP X Oppose X	President Senate State:			
	ursement For: Primary X General			
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date 6911045.06 Disbut 2016				
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	325000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	1 : : . : : . : : . :			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carald Hadaan				
Gerald Hudson [Electronically Filed] Date	9 22 2016			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	<u> </u>			
United We Can	FEC IDENTIFICATION NUMBER ▼			
	C C00523621			
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
The Pivot Group	M M / D D / Y Y Y Y			
Mailing Address 1720 I Street, NW Suite 550	09 20 2016			
	Amount			
City State Zip Code	20934.20			
Washington DC 20006	Transaction ID : D367192 Date of Disbursement or Obligation			
Purpose of Expenditure Voter Canvass Literature Category/ Type 006	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Offic	ee Sought: House District:			
DONALD J TRUMP	· _			
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	oursement For: Primary General Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
Community Outreach Group, LLC	M = M / D = D / Y = Y = Y			
Mailing Address 434 W 33rd ST	09202016			
	Amount			
City State Zip Code	255933.57			
New York NY 10001	Transaction ID : D367199 Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Cat	M M / D D / Y Y Y Y			
Canvassing Services Oategory Type 001	09 20 2016			
Name of Federal Candidate Support Office	ce Sought: House District:			
HILLARY RODHAM CLINTON Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Dist 201				
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	276867.77			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures	1 4 1 4 1 4			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gerald Hudson	-M / D D / Y - Y - Y			
Signature [Electronically Filed] Date	09 22 2016			
-				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)				PAGE 3 OF 6 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼		
United We Can				C C00523621		
Check if 24-hour report 🗴 48-hour report	✗ New rep	ort Amends repo		M / D D / Y T Y T Y		
Full Name of Payee Community Outreach Group, LLC				Public Distribution/Dissemination 20 2016		
Mailing Address 434 W 33rd ST			Amoun			
City	State	Zip Code		255933.57		
New York	NY	10001		ction ID : D367200 Disbursement or Obligation		
Purpose of Expenditure Canvassing Services		Category/ Type 001		09 / 20 / 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
DONALD J TRUMP		X Oppose	✗ Presider	Senate State:		
Calendar Year-To-Date Per Election for Office Sought	7 7	6911045.06	Disbursement 2016 Oth	For: Primary X General ner (specify) ▶		
Full Name of Payee Community Outreach Group, LLC			M	Date of Public Distribution/Dissemination 09 20 2016		
Mailing Address 434 W 33rd ST			Amoun			
City	State	Zip Code		255933.56		
New York	NY	10001		on ID: D367201 Disbursement or Obligation		
Purpose of Expenditure Canvassing Services		Category/ Type 001		9 / 20 / 2016		
Name of Federal Candidate		x Support	Office Sought:	House District:		
MARGARET WOOD HASSAN		Oppose	Preside	nt X Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	, , ,	512889.12	Disbursement 2016 Otl	For: Primary ★ General ner (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditure	es			511867.13		
(b) SUBTOTAL of Unitemized Independent Expendit	tures					
(c) TOTAL Independent Expenditures			· .	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Gerald Hudson	[Electron	ically Filed] Date	09	22 2016		
Signature			ا سے			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
United We Can	C C00523621			
Check if 24-hour report 48-hour report New report Amends report fi	iled on D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Community Outreach Group, LLC	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 434 W 33rd ST	Amount			
City State Zip Code	255933.56			
New York NY 10001	Transaction ID : D367202 Date of Disbursement or Obligation			
Purpose of Expenditure Canvassing Services Category/ Type 001	09 20 / 2016			
Name of Federal Candidate Support Of	ffice Sought: House District:			
KELLY A AYOTTE	President Senate State: NH			
Calcinati Total To Bato	isbursement For: Primary ★ General D16 Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
The Journeyman Press	09 20 2016			
Mailing Address 11 Malcolm Hoyt Dr.	Amount			
City State Zip Code	511.00			
Newburyport MA 01950	Transaction ID : D367204 Date of Disbursement or Obligation			
Purpose of Expenditure Voter Canvass Literature Category/ Type 006	09 / 20 / 9 2016			
Name of Federal Candidate Support O	ffice Sought: House District:			
HILLARY RODHAM CLINTON Oppose	resident Senate State:			
	isbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	256444.56			
•	7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gerald Hudson [Electronically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

So	chedule E)	LAI LAI LA	TONEO			PAGE 5	OF 6	
	AME OF COMMITTEE (In Full)				FEC IC	DENTIFICATION		
L	Jnited We Can				I a T	C00523621		
Ch	neck if 24-hour report X 48-hour re	port New repo	ort Amends	report filed or	n M M /	D D / Y	- Y - Y - Y	
	Full Name of Payee The Journeyman Press			[M = M /	c Distribution/Dis	/	
	Mailing Address 11 Malcolm Hoyt Dr.			,	09 Amount	20	2016	
	City	State MA	Zip Code 01950		Fransaction I	ID - D267205	511.00	
	Newburyport Purpose of Expenditure Voter Canvass Literature	IVIA	Category/		Date of Disbu	ursement or Obli		
	Name of Federal Candidate		Туре	t Office S	09	20 House Dis	2016	
	MARGARET WOOD HASSAN		Suppor Oppose			_	State: NH	
	Calendar Year-To-Date Per Election for Office Sought		512889.12	Disburs 2016	ement For: Other (sp	Primary Decify) ▶	✗ General	
	Full Name of Payee The Journeyman Press Mailing Address 11 Malcolm Hoyt Dr.				Date of Public Distribution/Dissemination 09			
	City Newburyport	State Zip Code MA 01950						
	Purpose of Expenditure Voter Canvass Literature		Category/ Type 0	06	09	20	2016	
	Name of Federal Candidate DONALD J TRUMP		Suppor		Sought:		strict:	
	Calendar Year-To-Date Per Election for Office Sought		6911045.06		ement For:	Primary	X General	
	(a) SUBTOTAL of Itemized Independent Ex	rpenditures		····· • [7	7	1022.00	
	(b) SUBTOTAL of Unitemized Independent	Expenditures		····· •				
	(c) TOTAL Independent Expenditures			····· [
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized						
	Gerald Hudson Signature	[Electron	ically Filed]	Date 09	/ 22	2016	Y	
	-							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 6 OF 6 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼		
United We Can	C C00523621		
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y		
Full Name of Payee Date of	Public Distribution/Dissemination		
The Journeyman Press			
Mailing Address 11 Malcolm Hoyt Dr. Amount			
City State Zip Code	511.00		
Newburyport MA 01950 Transac	ction ID : D367207 Disbursement or Obligation		
Purpose of Expenditure Voter Canvass Literature Category/ Type 006	9 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sought:	House District:		
KELLY A AYOTTE President			
Calendar Year-To-Date Per Election for Office Sought Disbursement I 2016 Oth	For: Primary x General er (specify) ▶		
Full Name of Payee Date of	Public Distribution/Dissemination		
Mailing Address Amount	_		
Amount			
City State Zip Code			
Purpose of Expenditure	Disbursement or Obligation		
Name of Federal Candidate Support Office Sought:	House District:		
Oppose Presiden	senate State:		
Calendar Year-To-Date Per Election for Office Sought Oth	For: Primary General er (specify) ▶		
	· · · · · · · · · · · · · · · · · · ·		
(a) SUBTOTAL of Itemized Independent Expenditures	511.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7		
(c) TOTAL Independent Expenditures	1371712.46		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
[Electronically Filed] Date 09	22 2016		
Signature			